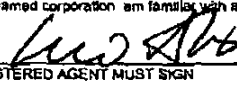


H06000174833-3
FILED

06 JUL -7 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38990					
1. Corporation Name Mary Stokes Foundation, Inc.					
2. Principal Office Address 3140 Spivey Road			3. Mailing Office Address (same)		
Suite Apt # etc			Suite Apt # etc		
City & State Lakeland, FL			City & State		
Zip 33810	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 07/02/1990					
5. FEI Number					Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$475 Additional fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name AM&E Services LLC					
Street Address 605 East Robinson Street					
Suite Apt # Etc. Suite 730					
City Orlando				State FL	Zip Code 32801
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent  Date 7/7/06					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DT	James Smith	3140 Spivey Road		Lakeland, FL 33810	
DST	Patricia Kathleen Smith	3140 Spivey Road		Lakeland, FL 33810	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate. And my signature shall have the same legal effect as if made under oath.					
SIGNATURE:  Date 7/7/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

H06000174833-3

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000174833 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

MARY STOKES FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,155.00

Susan Knight ex 2556

Electronic Filing Menu

Corporate Filing Menu

Help